## MAUNA LUAN <u>Apartment Entry Authorization</u>

I/we hereby authorize the General Manager/Management Staff to issue keys to my apartment and		
allow entry to:		
Kilayaa Dast Control		

Kliauea Pest Control	
for the purpose of <b>Quarterly Treatment</b> on	:
Tuesday, June 29, 2	2021
Tuesday, Septembe	er 28, 2021
Tuesday, December	r 28, 2021
Tuesday, March 29	9, 2022
I/we understand that the General Manager/Manag person/persons to my apartment or stay in my apartm my apartment.	± •
Signature of Resident	Ant #
Signature of Kesideni	ADI #

PLEASE RETURN THIS AUTHORIZATION FORM TO THE MANAGEMENT OFFICE PRIOR YOUR FIRST TREATMENT DATE